

DMHMR Facility Transition Reimbursement Form**Travel Cost Reimbursement****Staff Name:** _____**Individual Transitioning:** _____**Agency:** _____**Provider #:** _____

<u>Date</u>	<u>Departure Time</u>	<u>Return Time</u>	<u>Location</u>		<u>Meeting Time</u>		<u>Lodging</u>	<u>Mileage</u>	<u>Salary</u>	<u>Total</u>
			<u>From:</u>	<u>To:</u>	<u>Beginning:</u>	<u>End:</u>				
										0
										0
										0
										0
										0
										0
										0
										0
										0
Total							0	0	0	0

Employee Signature: _____

Date: _____

Executive Director Signature: _____

Date: _____

INSTRUCTIONS:

Submit monthly to DMR: Attention: Mark Dieruf at 100 Fair Oaks Lane 4 W-C, Frankfort, KY 40621 (502)564-7702

Submit one form per employee

RECEIPTS must be attached prior to reimbursement.

LODGING: Attach hotel receipt (lodging reimbursed if travel is at least 75 miles one way)

MILEAGE: Attach "Map Blast" and time spent on travel. Travel reimbursement will be at the state rate per mile.

SALARY: Staff time will be reimbursed at the lesser of actual cost paid per hour up to maximum \$10.00.